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ABSTRACT

Records (1972-1982) showing documentation of abuse or neglect in 95 developmentally disabled children were examined. Information was gathered on the children's functioning level, family income, involvement of communiy services, sibling abuse, and family's general lifestyle. Results indicated that in almost every case, the families experienced serious, multiple problems, and that none was really aware of the abuse or neglect. The relationship between disability in the child and the abuse/neglect was believed to be minimal. Fragmentation of services and inability of the community to assign responsibility to one agency for coordination of services were considered major problems. (Author/CL)

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The Developmentally Disabled Child as a Victim of Child Abuse

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Abstract

The records of ninety-five developmentally disabled children are examined between 1972 and 1982, which contain documentation of child abuse or neglect. Specific information was gathered including functioning level of the children, family income and level, involvement of community services, sibling abuse, and information on the general life style of the family. The results indicated almost without exception that the families of these abused children experienced serious multiply problems. Based upon these results it can be concluded that the major reason for the abuse of these children was not their disabilities, but rather the high level of frustration brought on by the serious problems the families continuously faced. Agencies involved with these kinds of families must coordinate their effort to help with the basic needs of these families before positive change can be realized in their parenting abilities.

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The Developmentally Disabled Child as a Victim of Child Abuse

Recent studies have pointed to the possibility that developmentally disabled children may be at greater risk for abuse and neglect than children who are considered normal.[1] The most important reason given for this possibility is the extensive amount of care needed for these children, with little gratification realized by the parents for their efforts. Children who are developmentally disabled may also need special and long term physical care which can place a tremendous physical and financial burden upon the parents. In addition, because of the impaired level of functioning, developmentally disabled children may not respond to ordinary expressions of affection. This lack of response to parental affection may in turn prevent a bonding that is considered necessary to a gratifying parent-child relationship.[2] All of these factors, either isolated or together may create a high enough level of stress within the parent to abuse the disabled child. Although these theoretical reasons for abusing handicapped children seem plausible, other literature claims the relationship between child abuse and developmental disabilities requires much further study. Questions are also being raised concerning whether child abuse produced the disability, or whether the disability produced such a stressful environment that abuse was the result.[3]

Most studies of abused children who are developmentally disabled have taken place in a clinical setting, while this study examines abused children who have been enrolled in a community based educational center.[4] The relationship with the children and their families in this center is much different than the relationship with the families in a hospital or medical center setting. Through this study a more thorough examination and understanding of the total family lifestyle is able to be determined. It also points to the possibility that while trying to find one cause for child abuse and neglect, it may be that there are many reasons why families abuse their children. Consequently, those professionals interested in the study of this serious problem may need to further define child abuse and neglect

If they find that there are many definitions, then it must be concluded that there are many causes.

Method

Subjects

Ninety-five developmentally disabled children, ranging in age from one to six years participated in the study. The documented and reported incidents of child abuse suffered by these children occurred between 1972 and 1982. The participants were selected by means of reviewing the files of all the children enrolled during that period. A list of names was then compiled of children whose suspected abuse had been reported by a professional at the center, or one involved with the child and the family in the community. Seventy-one of the children were Caucasion, six were Mexican-American, and eighteen were Black. They were all enrolled in the same developmental center for the retarded which is located in a large urban community in the midwest.

Apparatus

A check list was developed that included areas thought to be pertinent to the information needed for the study. The areas of the checklist included the following:

1) Child's date of birth
2) Functioning level
3) Siblings abused
4) Sex
5) Child living with biological mother/father/both/foster parents/adoptive
6) Parents age at birth of child
7) Number of children in family
8) Income level
9) Source of income
10) Parents abused
11) Involvement with community services.
12) Personal resources

Procedure

In order to obtain the information needed for the study, the file of each participant was examined and read. As the information was obtained from the file in each of the areas, it was then noted on the checklist. The most useful resource in the file was the social history, since it obtained more information concerning the child's family. Other valuable information included the initial application, medical evaluations, psychological evaluations, developmental assessments, progress reports, and reports from other agencies involved with the family. Access to the files was obtained by following the policy and procedure outlined by the center, as approved by the State Department of Mental Health. As director of the programs since 1971, I had the additional advantage of being personally familiar and involved with each participant.

Results

The results of this study indicate that with the exception of one family, the participants and their families experienced multiple problems unrelated to their developmentally disabled child. In the area of functioning level, 67.4% of the children were found to be mildly delayed, 20% moderately delayed, and 12.6% severely delayed. Seventy of the ninety-five participants had brothers and sisters. Out of these seventy children, 95.7% of their siblings were also abused; and 89.6% of the abused siblings were also diagnosed as developmentally delayed. Fifty-six children, or 58.9% of the total participants had been removed and placed in foster care at some time during their preschool enrollment at the center. Parental rights had been terminated for twelve of the fifty-six children, and nine of the twelve have been adopted.

The percentage of children who lived with both biological parents was 45.2, while the remaining 54.8% lived with only one biological parent. With the exception of two fathers, the single parents were all mothers. Exactly 50% of the parents were between the ages of twenty and twenty-five years at the birth of their child.

Another 20.5% were between twenty-five and thirty, 16.4% between sixteen and nineteen, and 13.1% over thirty years. The oldest parent was a father who was fifty-three years, and the youngest was a mother who was sixteen years at the time their children were born. The number of children in the family ranged from one to seven. Only 15.8% of the parents had one child, 31.6% two children, 28.4% three, 5.2% four, 6.7% five, 5.3% six, and 7% seven children. Of the ninety-five children surveyed, it was only possible to ascertain that five of their parents had been abused.

The majority of the families, or 75.8% existed on a poverty level with most of their income being derived from Aid to Dependent Children, Social Security Supplemental Income, Social Security Disability, and the Food Stamp program. Only one family could be considered middle class, one low-middle, and the remaining considered low income level. The majority of the low income level families maintained some part-time employment, while still receiving payment from social aid benefactors. Without exception, the families faced multiple problems on a day to day basis. These problems included the following:

1) Wife/husband abuse
2) Serious marital conflict
3) Incest
4) Criminal acts
5) Members imprisoned
6) Serious physical disorders, such as cancer, epilepsy, and Muscular Dystrophy
7) Alcoholism
8) Severe mental illness
9) Severe emotional problems
10) Mentally retarded/developmentally disabled
11) Drug abuse

The families were also heavily involved with various services in the community.

The most prevalent service used was the Department of Public Welfare, Protective Services Unit and the Social Aid Unit. Visiting Nurses Association, Association for Retarded Citizens, Catholic and Lutheran Social Services, and Family and Children's Services were also utilized by the families. The majority had only a minimal level of personal resources available to them. The extended families who acted as resources for a few of the families were plagued with multiple problems themselves. The mentally retarded parents often grouped together in a community, providing each other with limited and often times detrimental resources.

Discussion

Having worked with all of the participants and their families, I feel compelled to discuss some findings that are unable to be compiled onto a checklist. I have discovered without exception, that none of these typical, multiple problemed families are really aware that they are abusing and/or neglecting their children. I believe they do the best job they can with their children, considering the multitude and magnitude of problems they face on a day to day basis. Their first concern is the need to survive. When families such as these spend all of their energies meeting their basic needs such as food and shelter, appropriate parenting seems of little importance. I believe their actions of abuse and neglect are the result of a continuous high level of frustration that exists in their environment. Physical abuse, and continual neglect of their children are the expressions of these frustrations and pain they must experience every day. Many of the parents are also modeling their own parents' behavior in the manner in which they discipline their children. They have never experienced or observed any other way to parent, and consequently are not aware there may be more appropriate ways. Studies have discovered that with these families generation teaches subsequent generations the same ineffective and damaging parental behavior.[5]

The relationship between the child's disability and the abuse and neglect in the participants in this study is believed to be minimal. In working with the

families, the discovery has been made that often times the family does not even perceive the child as different, delayed, or handicapped. In fact, the child may be functioning on the same intellectual level as the parent. The question must then be raised as to how we can help these families increase their parenting skills, and to understand the damage that is taking place with their children.

The data from this study indicates that many community agencies are involved with these families, but obviously they are not being successful in their efforts of support and help. The reason they are not successful may be that the support and help offered is inappropriate to the needs of the families, or that the efforts made by these agencies are so fragmented that the services resemble band aids attempting to cover a major wound. After working extensively with this group, and also with the cooperating agencies, I believe the problem lies in the inability of the community to assign responsibility to one agency for the coordination of services to the families in need. According to public policy, this is actually the responsibility of the Department of Public Welfare. Unfortunately, funding for this service is such a low priority that it is impossible for social workers who carry caseloads of sixty to seventy abused children and their families to coordinate a community service effort in meeting the needs of these families.

The next question asked is what exactly are the needs of these abused children and their families? A few years ago the center was awarded grant monies to specifically work with this population. Plans were made to offer training in the areas of child management, general nutrition and hygiene, and understanding child development. It soon became apparent that unless we addressed the basic needs of the total family unit, we would not effect any change in the quality of care the children would receive. Through personal interviews with each family involved in the program we learned that their greatest concerns were the following:

1) Ability to acquire and maintain decent housing

2) Training to acquire employment

3) GED tutoring

4) Help in working with the "system" (Welfare, Courts, etc.)

5) Managing and budgeting money.

The program soon changed its goals, and ones were developed to attempt to meet the needs outlined above. Twelve of the families participating in this study were among the group in this particular program. Six of the twelve families have made significant progress, four moderate progress, and two families have had parental rights terminated. Considering the magnitude and multitude of the problems these families faced, I consider that the 50% who made significant progress represents a successful program.

The data that indicates the families of the participants were experiencing serious multiple problems on a continuous basis appears to be the only area of real significance. The remaining data in the study offers very little clues as to any other reasons for the abuse and neglect of the children. The majority of the children studied were mildly delayed, which correlates with national surveys of mental retardation. The parents were neither very young or very old at the time their children were born, and very few had large families. Half of the children lived with both biological parents, and most of the others lived with their biological mother. The fact that most of the siblings, whether retarded or not, were also abused, strongly indicates that the developmental disability is not the reason the child was abused.

In this particular population studied I believe the reasons for the abuse and neglect of the children resulted from the serious multiple problems continuously facing these families. In order to effect positive change, a coordinated community effort must be employed that addresses the basic needs of these families. This includes help with adequate housing, budgeting money, training for and securing employment, and further education. When these basic needs are met, then attempts to teach appropriate parenting skills can be pursued with projected success.

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